



Belmont Permit Center

PERMIT APPLICATION

Application No.: _____

Case Type:

Zoning of Property: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Tentative Tract Map | <input type="checkbox"/> Certificate of Appropriateness |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Façade Improvement Rebate | <input checked="" type="checkbox"/> General Plan Amendment |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Rezoning / Zoning Ordinance |
| <input type="checkbox"/> Floor Area Exception | <input type="checkbox"/> Grading Permit Approval | <input type="checkbox"/> Geologic Review |
| <input type="checkbox"/> City Code Exception | <input type="checkbox"/> Conceptual Development Plan | <input type="checkbox"/> Geo-Hazards Map Amendment |
| <input type="checkbox"/> Tentative Parcel Map | <input type="checkbox"/> Detailed Development Plan | <input type="checkbox"/> Subdivision Ordinance Exception |

Zoning Case Numbers: _____
(Staff Use Only)

Project Description: _____

Property Description:

Street Address: _____, Belmont, CA 94002

Assessors Parcel Number: _____

Property Area (sq. ft.): _____

Nearest Cross Street: _____

Applicant Information:

Owner Name: _____	Telephone Number: _____ ()	Fax Number: _____ ()
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Mailing Address, if different from Site Address: _____	E-mail Address: _____
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Applicant Name, if different from Property Owner: _____	Telephone Number: _____ ()	Fax Number: _____ ()
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Applicant Mailing Address: _____	E-mail Address: _____
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Submittal Authorization:

Signature of Owner: _____	Date: _____
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Signature of Applicant, if different from Owner: _____	Date: _____
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For Office Use Only: Fee Amount: _____ Check No.: _____

GENERAL PLAN LAND USE MAP AMENDMENT



Belmont Permit Center APPLICATION CHECKLIST

Page 1 of 2

Address: _____

Date: _____

Project: _____

	<u>Required</u> (by City)	<u>Submitted</u> (by applicant)	
<u>Applications</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Checklist (this form)
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit Application
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supplemental Application
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neighborhood Outreach Strategy
<u>Noticing</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Noticing map
<u>Information</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Notice list
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Notice envelopes (post-paid)
<u>Fees and</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application fee
<u>Deposits</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Environmental fee

Staff Assistant: _____

Telephone: _____

Date: _____

Applicant's Statement: As applicant for this project, I hereby certify that the materials listed as 'submitted' on this checklist are complete and accurate. If the City of Belmont determines that the materials are incomplete or inaccurate, I understand that the entire application may be deemed withdrawn and the application materials returned to me, with no further processing by the City.

Applicant's Name: _____

Date: _____

Applicant's Signature: _____

GENERAL PLAN LAND USE MAP AMENDMENT



Belmont Permit Center SUPPLEMENTAL APPLICATION

Application No.: _____ (Office Use)

Address: _____

Date: _____

Project: _____

Request:

Existing General Plan Land Use Map Designation: _____

Proposed General Plan Land Use Map Designation: _____

Attention! A map showing the boundaries of the proposed General Plan Land Use Map Amendment must be attached to this form.

Findings:

In order to approve a request for a General Plan Land Use Map Amendment, the Planning Commission and City Council must determine that the proposed change achieves the objectives of the City. Please indicate how the project achieves the objectives (attach additional sheets, as necessary):



Belmont Permit Center
PERMIT APPLICATION

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Street Address: _____

Application No.: _____

Site Preparation / Grading:

Number of Cubic Yards of Combined Cut and Fill:

_____ Cubic Yards

OR Check ☐ if less than 50 Cubic Yards

Depth of any Cut or Fill at Deepest Point:

_____ Feet

OR Check ☐ if less than 2 Feet

Surface Area to be Graded or Cleared:

_____ Square Feet

OR Check ☐ if less than 2000 Square Feet

Retaining Walls:

The Project Includes New, Rebuilt or Extended Retaining Walls:

☐ Yes

☐ No

Maximum Height of New, Rebuilt or Extended Retaining Walls:

_____ Feet

Floor Area:

Existing Floor Area of All Enclosed Structures: _____ Square Feet

Proposed New Floor Area to be Added: _____ Square Feet

Total Floor Area Resulting from Project: _____ Square Feet

On-site Parking:

Existing Parking / Number of Spaces: _____ Covered _____ Uncovered

Proposed Additional or Lost Parking Spaces: _____ Covered _____ Uncovered

Total Parking Spaces Resulting from Project _____ Covered _____ Uncovered

Check any of the following items that apply to the project:

☐ Steep Terrain

☐ New Driveway / Curbscut

☐ New Signs

☐ Large Trees on Site

☐ New Water Service

☐ Redevelopment Area

☐ Historic Building on Site

☐ Construction Dumpster Required